

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5/31/90</u>		2 Serial/Patent # <u>07/459,058</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
✓	Petition	4	3/29/90	\$ 120.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
		7 TOTAL AMOUNT OF REFUND		\$ 120.00							
10 REASON:		8 TO BE REFUNDED BY:									
	Overpayment	Treasury Check									
	Duplicate Payment	Credit Deposit A/C #:									
✓	No Fee Due (Explanation):	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"> <tr> <td style="width: 20px;">1</td> <td style="width: 20px;">6</td> <td style="width: 20px;">--</td> <td style="width: 20px;">1</td> <td style="width: 20px;">8</td> <td style="width: 20px;">e</td> <td style="width: 20px;">5</td> </tr> </table>			1	6	--	1	8	e	5
1	6	--	1	8	e	5					
Application <sup>specification</sup> complete <span style="background-color: black; color: black;">[REDACTED]</span> upon filing.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Fred Silverberg</u>		TITLE: <u>Special Prog. Examiner</u>									
SIGNATURE: <u>Fred Silverberg</u>		PHONE: <u>557-8384</u>									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>6/22/90</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**